

COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TISSUE RETRACTOR AND METHOD FOR USING THE RETRACTOR

described and claimed in the specification bearing that title, that I understand the content of the specification, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 CFR § 1.56, and that no application for patent or inventor's certificate of this invention has been filed earlier than the following in any country foreign to the United States prior to this application by me or my legal representatives or assigns:

None.

I hereby appoint practitioners associated with the Customer Number:

24131

Address all correspondence and telephone calls to:

LERNER AND GREENBERG, P.A.  
POST OFFICE BOX 2480  
HOLLYWOOD, FLORIDA 33022-2480  
Tel: (954) 925-1100  
Fax: (954) 925-1101

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR: KEVIN SMITH

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Residence: CORAL GABLES, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 570 ARVIDA PARKWAY  
CORAL GABLES, FL 33156  
U.S.A.

\_\_\_\_\_  
FULL NAME OF SECOND JOINT INVENTOR: MATTHEW PALMER

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Residence: MIAMI, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 12790 S.W. 64 COURT  
MIAMI, FL 33156  
U.S.A.

FULL NAME OF THIRD JOINT INVENTOR:

JUERGEN KORTENBACH

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Residence: MIAMI SPRINGS, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 122 PINE CREST DRIVE  
MIAMI SPRINGS, FL 33166  
U.S.A.

\_\_\_\_\_  
FULL NAME OF FOURTH JOINT INVENTOR:

ROBERT SIXTO

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Residence: MIAMI, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 8235 S.W. 99 STREET  
MIAMI, FL 33156  
U.S.A.

\_\_\_\_\_  
FULL NAME OF FIFTH JOINT INVENTOR:

JORGE PINOS

\_\_\_\_\_  
Inventor's Signature

\_\_\_\_\_  
Date

Residence: HIALEAH, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 2951 W. 80 STREET #201  
HIALEAH, FL 33018  
U.S.A.

COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TISSUE RETRACTOR AND METHOD FOR USING THE RETRACTOR

described and claimed in the specification bearing that title, that I understand the content of the specification, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 CFR § 1.56, and that no application for patent or inventor's certificate of this invention has been filed earlier than the following in any country foreign to the United States prior to this application by me or my legal representatives or assigns:

None.

I hereby appoint practitioners associated with the Customer Number:

24131

Address all correspondence and telephone calls to:


LERNER AND GREENBERG, P.A.  
POST OFFICE BOX 2480  
HOLLYWOOD, FLORIDA 33022-2480  
Tel: (954) 925-1100  
Fax: (954) 925-1101

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR:

KEVIN SMITH

  
Inventor's Signature

12-9-03  
Date

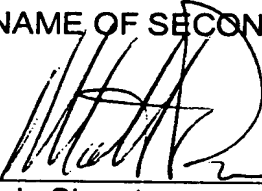
Residence: CORAL GABLES, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 570 ARVIDA PARKWAY  
CORAL GABLES, FL 33156  
U.S.A.

FULL NAME OF SECOND JOINT INVENTOR:

MATTHEW PALMER

  
Inventor's Signature

12-9-03  
Date

Residence: MIAMI, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 12790 S.W. 64 COURT  
MIAMI, FL 33156  
U.S.A.

FULL NAME OF THIRD JOINT INVENTOR:

JUERGEN KORTENBACH

  
Inventor's Signature

12-9-03  
Date

Residence: MIAMI SPRINGS, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 122 PINE CREST DRIVE  
MIAMI SPRINGS, FL 33166  
U.S.A.

FULL NAME OF FOURTH JOINT INVENTOR:

ROBERT SIXTO

  
Inventor's Signature

12-9-03  
Date

Residence: MIAMI, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 8235 S.W. 99 STREET  
MIAMI, FL 33156  
U.S.A.

FULL NAME OF FIFTH JOINT INVENTOR:

JORGE PINOS

  
Inventor's Signature

12-9-03  
Date

Residence: HIALEAH, FLORIDA

Country of Citizenship: U.S.A.

Post Office Address: 2951 W. 80 STREET #201  
HIALEAH, FL 33018  
U.S.A.